

www.mass.gov/abcc

LICENSE NUMBER: 04280000	17	CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LA CARF	RETA FRAMINGHAM INC.	
DOING BUSINESS A LA CAR	RETA MEXICAN RESTAU	RANT
ADDRESS 270 COCHITUATE	RD.	
CITY/TOWN: FRAMINGHAM	M STATE: MA	ZIP CODE: 01701
MANAGER: MUNOZ, YOLANDA M.	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
TWO FIRE EXITS. RESTAUR.	ANT CONSISTS OF A MAIN EN, DISHWASH AREA, STO	C, ONE REAR ENTRANCE WEST AND N DINING ROOM SEPARATE DINIG RAGE ROOM, COOLER, FREEZER TH DINING ROOM IS 228
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license v	vill be of the same type for the	same premises now licensed;
2. the licensee has comp	olied with all laws of the Comr	nonwealth relating to taxes; and
3. the premises are now	open for business (If not explain	ain below)
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
· · · · · · · · · · · · · · · · · · ·		
DATE:		



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LICENSE NUMBER: 0	42800010		CI	TY OR TOWN	FRAMING	HAM
APPLICATION FOR R	ENEWAL:	Annua	1	LICE	NSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: H	IO TAI BANQUET	INC.				
DOING BUSINESS A	LOTUS FLOWER C	CHINESE R	ESTAUR	ANT		
ADDRESS 341 COCHI	TUATE-RT.30					
CITY/TOWN: FRAM	INGHAM	STATE:	MA	ZIP CODE:	01701	
MANAGER: CHEN,	LI-YUN TYPE	OF LICENS	E:Restau	rant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT OUR WEBSI	ITE AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF LIC						
ONE ENTRANCE ANI EXIT OUTSIDE MALI						
LOUNGE,BANQUET I					JM, COCKTA	IIL .
I hereby certify and swe	ar under penalties of	perjury that	:			
1. the renewed	license will be of the	same type f	or the san	ne premises nov	w licensed;	
2. the licensee l	has complied with all	l laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open for bu	siness (If no	t explain	below)		
SIGNED BY						
I	ndividual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE 1	NUMBER:			ER IDENTIFICAT	
				(Note: NOT Ir	ndividual Social S	ecurity Number)
We the undersigned, a	attest that we are in	possession	(1) the ce	rtificate requi	red by Chapt	er 304 of the
Acts of 2004, signed by						
named license and (2) of 2010.	the certificate of liq	luor habilit	y insuran	ice required by	Chapter 116	of the Acts
Please Check Below:			T	LOCAL LICEN	CINC AUTHO)DITV
APPROVED:				By:	SING AUTH	JKII I
DISAPPROVED:				<i>.</i>		
(If disapproved explain))		-			
			-			
D.A.EE			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042800011		CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PAUL'S RESTAURANT	T,INC.	
DOING BUSINESS A BELLA COSTA REST	AURANT	
ADDRESS 147 COCHITUATE ROAD		
CITY/TOWN: FRAMINGHAM S'	TATE: MA	ZIP CODE: 01701
MANAGER: KATSARIKAS, TYPE OF PAVLOS	ELICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:		
147 COCHITUATE RD., 2 FRONT ENTANCI BUILDING, DINING ROOM, ONE WAITING WALLS, CELLAR FOR STORAGE OF STOC	G ROOM WITH	H BAR AND SEATING ALONG
I hereby certify and swear under penalties of pe	rjury that:	
1. the renewed license will be of the sai	me type for the	same premises now licensed;
2. the licensee has complied with all la		_
3. the premises are now open for busine	ess (If not expla	ain below)
SIGNED BY Individual, Partner or Au	athorized Corpo	orate Officer
DATE: TELEPHONE NU	MBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	or and the head	d of the fire department for the above
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		
DATE:		



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LICENSED FOR 2013
YEAR
ZIP CODE: 01701
Restaurant CATEGORY: All Alcohol
E EMAIL ADDRESS
MS AND KITCHEN ON FIRST FLOOR
he same premises now licensed;
mmonwealth relating to taxes; and
plain below)
porate Officer
porate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the end of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
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LICENSE NUMBER:	042800014		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DIN-DIN RESTAUR	ANTS INC.			
DOING BUSINESS A	PEPPERONCINI'S				
ADDRESS 486 CONC	CORD STREET				
CITY/TOWN: FRAN	MINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: LOSCI VINCI	ERBO, TYPE ENT F.	OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
SINGLE STORY BLI ONE ENTRANCE/EX				E/EXITSL K	ITCHEN,
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	d license will be of the	e same type for the	e same premises nov	v licensed;	
2. the licensee	e has complied with al	ll laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for bu	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	.1)				
DATE:					



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LICENSE NUMBE	R: 042800015		CITY O	R TOWN	FRAMING	HAM
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	HAN DYNA	STY INC.				
DOING BUSINESS	A HOMEL SE	EAFOOD RESTAURA	NT			
ADDRESS 509 CO	NCORD STRE	ET				
CITY/TOWN: FRA	AMINGHAM	STATE: M	IA ZIP	CODE:	01701	
MANAGER: YU,	ALEX	TYPE OF LICENSE:	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	,					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRE	SS		
DESCRIPTION OF						
		G OF ONE DINING R NCE AND THREE FIF		TION RO	OM, LOUNG	GE, BAR
I hereby certify and	swear under per	nalties of perjury that:				
1. the renew	ved license will	be of the same type for	the same pre	mises now	licensed;	
2. the licens	see has complied	d with all laws of the Co	ommonwealtl	n relating t	o taxes; and	
3. the premi	ises are now ope	en for business (If not e	explain below)		
SIGNED BY	Individual P	artner or Authorized Co	ornorate Offic	oer.		
	marviduai, i	arther of Authorized Co	orporate Office	CI		
DATE:	TELET			EMDI OVEI	DENTIFICAT	ION NUMBER:
	TELEF	PHONE NUMBER:				ecurity Number)
		• • •				204 0.7
		ve are in possession (1) ing inspector and the h				
		ate of liquor liability i				
Please Check Below:			LOCA	L LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:			-			
APPLICATION FOR RENE	WAL MUST BE FILE	ED BY LICENSEES DURING TH	HE MONTH OF N	OVEMBER (M	1.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER:	042800017		CI	TY OR TOWN	FRAMING	HAM
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	DRAMATIC C		GHAM I	NC.		
ADDRESS 029-31 DA						
CITY/TOWN: FRAM	IINGHAM	STATE: 1	MA	ZIP CODE:	01701	
MANAGER: FAINI,	EUGENE T	YPE OF LICENSE	E:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL DESCRIPTION OF LI		WEBSITE AND ENTER YO	OUR EMAIL	ADDRESS		
ONE FRONT ENTRA BLDG, FIRST FLOOF SMALL ROOM IN BA I hereby certify and sw	R, ONE ROOM I ASEMENT	N BASEMENT A				
2. the licensee	has complied wi	of the same type fo th all laws of the Corr business (If not	Common	wealth relating		
SIGNED BY	Individual, Partn	er or Authorized C	Corporate	e Officer		
DATE:	TELEPHO	NE NUMBER:				FION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building i	nspector and the	head of	the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] i)			LOCAL LICEN 3y:	SING AUTH	ORITY
DATE:			-			



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LICENSE NUMBER	: 042800019		CI	IY OK IOV	VIN FRAMING	JIANI
APPLICATION FOR	R RENEWAL:	Annu	ıal	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME:	COLUMBUS CI	LUB INC. OF FI	RAMINGI	HAM		
DOING BUSINESS	A					
ADDRESS 11 FOUN	NTAIN STREET					
CITY/TOWN: FRA	MINGHAM	STATE:	MA	ZIP CODE	: 01701	
MANAGER: EPST	EIN, JANET T	YPE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		
DESCRIPTION OF I	LICENSED PREM	IISES:				
ONE FRONT ENTR IN ONE ROOM FIR						
I hereby certify and s						
1. the renew	ed license will be o	of the same type	for the sar	ne premises i	now licensed;	
2. the license	ee has complied wi	th all laws of the	e Common	wealth relati	ng to taxes; and	
3. the premis	ses are now open fo	or business (If n	ot explain	below)		
SIGNED BY	Individual, Partn	er or Authorized	d Corporate	e Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICA	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building i	inspector and tl	he head of	the fire dep	artment for the	above
Please Check Below:			I	LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:	in)					
(11 disappioved expla	<i>)</i>					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	H OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 042800032		CITY OR TOW	'N FRAMING	HAM
APPLICATION	FOR RENEWAL:	Annual	LICI	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	ME: FRATERNAL	ORDER OF EAGLES	#894 INC.		
DOING BUSINE	ESS A				
ADDRESS 55 PA	ARK STREET				
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE:	01701	
	MARSHALL, AMES R.	TYPE OF LICENSE: C	lub	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PRE				
EAST SIDE EXI	T, IN A TWO STO	NTRANCES,ONE REAI RY BLDG, FIVE ROOM N FIRST FLOOR FOR	MS ON FIRST FLO	OOR, SIX ROO	
I hereby certify a	nd swear under pena	alties of perjury that:			
1. the re	newed license will b	e of the same type for th	e same premises no	ow licensed;	
2. the lic	censee has complied	with all laws of the Com	nmonwealth relatin	g to taxes; and	
3. the pr	remises are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer		
	·				
DATE:	TELEPH	HONE NUMBER:	EMPLOY	YER IDENTIFICAT	ION NUMBER:
	1221	101,21,01,1221	(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, sig	gned by the buildin	e are in possession (1) the are in possession (1) the graph inspector and the heat te of liquor liability ins	ad of the fire depa	rtment for the	above
Please Check Below:	<u>:</u>		LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	explain)				
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (042800036		CITY OR TOWN	FRAMING	HAM	
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	BBRG TR OPERAT	ΓING,LLC				
DOING BUSINESS A	JOE'S AMERICAN	N BAR & GRILLE				
ADDRESS 1 WORCE	STER ROAD					
CITY/TOWN: FRAM	IINGHAM	STATE: MA	ZIP CODE:	01701		
MANAGER: LYONS	S, PATRICK TYPI	E OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF LI	EASE ALSO VISIT OUR WER CENSED PREMISI		EMAIL ADDRESS			
I hereby certify and swe	ear under penalties o	of perjury that:				
			e same premises now	licensed;		
2. the licensee	has complied with a	all laws of the Com	monwealth relating to	taxes; and		
3. the premises	s are now open for b	ousiness (If not exp	lain below)			
SIGNED BY						
	Individual, Partner of	or Authorized Corp	oorate Officer			
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:	
			(Note: NOT Ind	ividual Social S	ecurity Number)	
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	pector and the hea	nd of the fire departr	nent for the	above	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:	1		By:			
DISAPPROVED: [If disapproved explain)					
(II disupproved explain	•					
DATE:						



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LICENSE NUMBER: 042800039	C	ITY OR TOWN FRAMING.	HAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS		YEAR
LICENSEE NAME: FRAMINGH DOING BUSINESS A ELKS	AM MA. LODGE #1264 B.P	.O.E. OF U.S.A.	
ADDRESS 450 UNION AVE.			
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE: 01701	
MANAGER: casey, patrick	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS	
ONE FRONT ENTRANCE, TWO AND BASEMENT, TWO ROOMS ON BASEMENT FLOOR, ONE ST FLOOR, ONE REAR EMERGENCE	S ON BASEMENT FLOOR,O FOCK ROOM IN BAR AREA Y EXIT	NE VAULT ROOM FOR STO	ORAGE
2. the licensee has complied	be of the same type for the same type for the same d with all laws of the Common en for business (If not explain	nwealth relating to taxes; and	
SIGNED BY Individual, P	artner or Authorized Corporat	te Officer	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social So	
We the undersigned, attest that we Acts of 2004, signed by the buildinamed license and (2) the certific of 2010.	ing inspector and the head of	f the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHOBy:	ORITY
DATE:			



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LICENSE NU	MBER: 042800040		CI	TY OR TOW	N FRAMING	SHAM
APPLICATIO	N FOR RENEWAL:	Annual		LICE	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE N.	AME: FRAMINGH	AM COUNTRY CLUI	В			
DOING BUSI	NESS A					
ADDRESS W	S GATES STREET					
CITY/TOWN:	FRAMINGHAM	STATE: N	I A	ZIP CODE:	01701	
MANAGER:	MITCHELL, CHRISTOPHER	TYPE OF LICENSE	:Club		CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL	ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	REMISES:				
		OUTSIDE TERRACE, ONE STORY BUILDIN				
I hereby certify	y and swear under per	nalties of perjury that:				
1. the	renewed license will	be of the same type for	the san	ne premises no	ow licensed;	
2. the	licensee has complied	d with all laws of the C	ommon	wealth relating	g to taxes; and	
3. the	premises are now ope	en for business (If not e	explain l	below)		
SIGNED BY						
	Individual, P	artner or Authorized Co	orporate	e Officer		
DATE:	TELEP	PHONE NUMBER:			ER IDENTIFICAT	
				(Note: NOT	Individual Social S	security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1 ng inspector and the l	head of	the fire depa	rtment for the	above
of 2010.	e and (2) the certific	ate of liquor liability i	nsuran	ice required b	y Chapter 116	o of the Acts
Please Check Bel	ow:		I	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVI						
(If disapproved	d explain)		-			
			-			
DATE:			-			



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LICENSE NUMI	BEK: 042800043		CITY OR TOWN	FRAMINGHAM
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: LA CANTINA	A RESTAURANT INC	C.	
DOING BUSINE	ESS A			
ADDRESS 911-1	13 WAVERLY ST.			
CITY/TOWN: I	FRAMINGHAM	STATE: N	IA ZIP CODE:	01701
	MENCOBONI, EO JR.	TYPE OF LICENSE	:Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
DESCRIPTION (PLEASE ALSO VISIT OF OF LICENSED PRI	DUR WEBSITE AND ENTER YO EMISES:	UR EMAIL ADDRESS	
I hereby certify a	nd swear under pena	alties of perjury that:		
1. the rea	newed license will b	be of the same type for	the same premises now	licensed;
2. the lic	ensee has complied	with all laws of the C	ommonwealth relating to	o taxes; and
3. the pro	emises are now oper	n for business (If not e	explain below)	
SIGNED BY	Individual, Pa	urtner or Authorized C	orporate Officer	
DATE:			EMBLOWER	D IDENTIFICATION NUMBER
DATE.	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, sig	gned by the buildin	ng inspector and the l	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:	<u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved ex				
(II disupproved c.	Apaun)			
DATE:				
			·	
APPLICATION FOR RE	ENEWAL MUST BE FILED	BY LICENSEES DURING TO	HE MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	: 042800044		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	POULTRY ONE, IN	NC.			
DOING BUSINESS A	A CHICKEN BONE				
ADDRESS 358 WAV	ERLY STREET				
CITY/TOWN: FRAI	MINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: PIRAL KIME	NI, TYPE	E OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	LICENSED PREMIS	ES:			
ONE FRONT ENTRA BLDG, CELLAR FO			MS, FIRST FLOOF	R OF A TWO	STORY
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of the	he same type for the	same premises now	licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating t	o taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0428000	045	CITY OR TOWN FRAM	INGHAM
APPLICATION FOR RENEW	VAL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: RAILRO	OAD SIX SPORTS GRILL AN	ND ENTERTAINMENT	
DOING BUSINESS A RAILI	ROAD SIX SPORTS GRILL		
ADDRESS 398 WAVERLY S	TREET		
CITY/TOWN: FRAMINGHA	AM STATE: MA	ZIP CODE: 01701	
MANAGER: BELLONE, SALVATORE	TYPE OF LICENSE: R	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
MAIN ENTRANCE FOR EN' REAR OF PREMISES LEAD ROOMS, CELLAR FOR STO	ING TO PARKING LOT,IN A		
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for th	e same premises now licensed	;
	nplied with all laws of the Con	•	ınd
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY Individu	ual, Partner or Authorized Corp	oorate Officer	
	,		
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
1	EEE HOLE WOMBER.	(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed by the b	hat we are in possession (1) to building inspector and the hea rtificate of liquor liability ins	ad of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:			



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LICENSE NUMBER: 042800046		CITY OR TOWN	FRAMINGH	IAM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 201	13
	CLASS		Y	/EAR
LICENSEE NAME: The 4's Sports DOING BUSINESS A The 4's Sport ADDRESS 666 WAVERLY STREE	ts Pub			
		ZID CODE.	01701	
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE:	01701	
,	TYPE OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	- VID HEROVEE AND ENVER VOVE EN	AW ADDRESS		
DESCRIPTION OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
ONE FRONT ENTRANCE, ONE RE STORY BLDG, 2 ROOMS ON FIRS STORAGE OF STOCK ONLY	EAR ENTRANCE AND EA			
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	e of the same type for the s with all laws of the Comm	onwealth relating to		
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATION IDENTI	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	g inspector and the head	of the fire departs	nent for the a	bove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	RITY
DATE:				



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LICENSE NUMBER	₹: 042800048		CITY OR TO	WN FRAMINO	SHAM
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
	TINA'S GROUP, II A IMPERIAL CHIN				
CITY/TOWN: FRA		STATE: M	A ZIP COD	E: 01701	
MANAGER: LIN,		E OF LICENSE:		CATEGORY:	All Alcohol
		E OF LICENSE.	Restaurant	CATEGORI.	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	RSITE AND ENTER VOL	R FMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS		K EMAIL ADDRESS		
ONE FRONT ENTR ROOMS AND KITC	RANCE,TWO SIDE E CHEN ON FIRST FLO A ONE STORY BLD	ENTRANCES,ON OOR, TWO ROO			
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of t	the same type for	the same premises	now licensed;	
	ee has complied with			ting to taxes; and	
3. the premi	ses are now open for	business (If not ex	xplain below)		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA OT Individual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and the h	ead of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(II disupproved expre	 /				
DATE:					



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LICENSE NUMBER	.: 042800058		CITY OR TOW	IN FRAMIING	JIAN
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ULTIMA FR	AMINGHAM, LLC			
DOING BUSINESS	A SHERATO	N FRAMINGHAM HOTE	EL .		
ADDRESS 1657 WC	RCESTER R	D.			
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP CODE	01701	
MANAGER: MCK THO		TYPE OF LICENSE: Inr	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ĺ	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PE	REMISES:			
ROOMS AND EXEC	CUTIVE BOAS SEMENT W/3	E. 9. FIRST FLOOR W/ 2. RD ROOMS. 2ND THRO BANQUET ROOMS, BA GES.	UGH 6TH FLOC	ORS HAVE 70 I	ROOMS
I hereby certify and s	wear under per	nalties of perjury that:			
1. the renew	ed license will	be of the same type for the	same premises r	now licensed;	
2. the license	ee has complie	d with all laws of the Com	monwealth relatir	ng to taxes; and	
3. the premis	ses are now op	en for business (If not expl	ain below)		
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
			(Note: NOT	Individual Social	Security Number)
Acts of 2004, signed	d by the buildi	we are in possession (1) thing inspector and the headate of liquor liability insu	d of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
			-		
DATE:					
DATE.					



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LICENSED FOR 2013
YEAR
ZIP CODE: 01701
Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS
NTRY,TWO REAR EXITS, KITCHEN UNGE AREA
ne same premises now licensed;
mmonwealth relating to taxes; and
plain below)
porate Officer
porate Officer
porate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the add of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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	CITY OR TOWN FRAM	INGHAM
Annual	LICENSED FO	R 2013
CLASS		YEAR
OUSE INC.		
HOUSE		
STATE: MA	ZIP CODE: 01701	
PE OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
SES:		
s of perjury that:		
the same type for the	same premises now licensed	;
	<u> </u>	and
business (If not expla	in below)	
r or Authorized Corpo	rate Officer	
of Hamorized Corpor	Tate Officer	
JE NI IMRED:	EMPLOYER IDENTIF	ICATION NUMBER:
TE NUMBER.		
spector and the head	of the fire department for	the above
	LOCAL LICENSING AU	THORITY
	By:	
	CLASS DUSE INC. HOUSE STATE: MA PE OF LICENSE: Res TEBSITE AND ENTER YOUR EM SES: FICE, STORAGE ROC ONLY, FRONT ENTE S of perjury that: It he same type for the an all laws of the Common business (If not explain or or Authorized Corporate Number: The Number: The in possession (1) the spector and the head	Annual LICENSED FOR CLASS DUSE INC. IOUSE STATE: MA ZIP CODE: 01701 PE OF LICENSE: Restaurant CATEGOR REBSITE AND ENTER YOUR EMAIL ADDRESS SES: FICE, STORAGE ROOM AND BAR ON FIRST IS ONLY, FRONT ENTRANCES, TWO REAR ENTRANCES, TWO REAR ENTRANCES IS OF perjury that: the same type for the same premises now licensed in all laws of the Commonwealth relating to taxes; are business (If not explain below) TO Authorized Corporate Officer RE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual Source) The impossession (1) the certificate required by Chapter in the property of the propert



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LICENSE NUMBER: 042800	062	CITY OR TOWN FRA	AMINGHAM
APPLICATION FOR RENEV	VAL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: British	Beer Company, LLC		
DOING BUSINESS A British	n Beer Company		
ADDRESS 120 WORCESTE	R ROAD		
CITY/TOWN: FRAMINGH	AM STATE: MA	ZIP CODE: 01	701
MANAGER: LUCIER, JACQUELYN	TYPE OF LICENSE: R	estaurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
One story building with front and one dining room with bar.	exit/entrance on worcester rd. 'Kitchen and receiving area	Three emergency exits. Tw	o dining rooms
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for the	ne same premises now licen	ised;
2. the licensee has con	mplied with all laws of the Con	nmonwealth relating to taxe	es; and
3. the premises are no	w open for business (If not exp	olain below)	
SIGNED BY		0.00	
Individ	ual, Partner or Authorized Cor	porate Officer	
DATE:			
DATE: T	ELEPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
		(x total <u>x to x</u> marviada	a Boolar Security (validoci)
Acts of 2004, signed by the l	that we are in possession (1) to building inspector and the heartificate of liquor liability ins	ad of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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800063		C	TITY OR TO	WN	FRAMING	HAM
NEWAL:	Annu	ıal	LIC	CENSI	ED FOR 20	013
	CLA	SS				YEAR
PA TRATTOR	IA OF FRAM	INGHAM	I, INC			
APA RAZZI						
STER ROAD						
GHAM	STATE:	MA	ZIP CODE	Ε:	01701	
ON, TY	PE OF LICEN	SE:Resta	urant	CA	ΓEGORY:	All Alcohol
E ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAI	L ADDRESS			
NG ROOM, O AGE	NE KITCHEN	, ONE R	OOM OFF K	ITCHI	EN FOR O	FFICES,
under penaltie	s of perjury tha	ıt:				
ense will be of	the same type	for the sa	me premises	now li	censed;	
s complied with	h all laws of the	e Commo	nwealth relati	ing to t	taxes; and	
e now open for	r business (If n	ot explain	below)			
ividual, Partne	r or Authorized	l Corpora	te Officer			
TELEPHON	NE NUMBER:					
			(Note: NO	1 Indiv	iduai Sociai S	security Number)
he building in	spector and tl	ne head o	f the fire dep	partmo	ent for the	above
			LOCAL LIC	ENSI	NG AUTH	ORITY
			By:			
	PA TRATTOR APA RAZZI STER ROAD GHAM ON, TY E ALSO VISIT OUR V NSED PREMI NG ROOM, O AGE under penaltie ense will be of s complied with e now open for ividual, Partne TELEPHON est that we are the building in	PA TRATTORIA OF FRAMINAPA RAZZI STER ROAD GHAM STATE: DN, TYPE OF LICEN E ALSO VISIT OUR WEBSITE AND ENTER NSED PREMISES: NG ROOM, ONE KITCHEN AGE under penalties of perjury that ense will be of the same type is complied with all laws of the e now open for business (If no ividual, Partner or Authorized TELEPHONE NUMBER:	CLASS PA TRATTORIA OF FRAMINGHAM APA RAZZI STER ROAD GHAM STATE: MA DN, TYPE OF LICENSE: Restate E ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIN NSED PREMISES: NG ROOM, ONE KITCHEN, ONE ROAGE under penalties of perjury that: ense will be of the same type for the sates complied with all laws of the Common e now open for business (If not explain ividual, Partner or Authorized Corporatividual, Partner or Autho	CLASS PA TRATTORIA OF FRAMINGHAM, INC APA RAZZI STER ROAD GHAM STATE: MA ZIP CODI ON, TYPE OF LICENSE:Restaurant E EALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: NG ROOM, ONE KITCHEN, ONE ROOM OFF KAGE under penalties of perjury that: ense will be of the same type for the same premises is complied with all laws of the Commonwealth relate the now open for business (If not explain below) TELEPHONE NUMBER: EMPL (Note: NO est that we are in possession (1) the certificate recibe building inspector and the head of the fire decibe certificate of liquor liability insurance required	CLASS PA TRATTORIA OF FRAMINGHAM, INC APA RAZZI STER ROAD GHAM STATE: MA ZIP CODE: ON, TYPE OF LICENSE: Restaurant CATE EALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: NG ROOM, ONE KITCHEN, ONE ROOM OFF KITCHIAGE under penalties of perjury that: ense will be of the same type for the same premises now lies complied with all laws of the Commonwealth relating to the now open for business (If not explain below) ividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IN (Note: NOT Indiv.) est that we are in possession (1) the certificate required the building inspector and the head of the fire department of the certificate of liquor liability insurance required by Checken Street Commonwealth relations to the	CLASS PA TRATTORIA OF FRAMINGHAM, INC APA RAZZI STER ROAD GHAM STATE: MA ZIP CODE: 01701 DN, TYPE OF LICENSE: Restaurant CATEGORY: E ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: NG ROOM, ONE KITCHEN, ONE ROOM OFF KITCHEN FOR O AGE under penalties of perjury that: ense will be of the same type for the same premises now licensed; s complied with all laws of the Commonwealth relating to taxes; and e now open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social Set that we are in possession (1) the certificate required by Chapt the building inspector and the head of the fire department for the e certificate of liquor liability insurance required by Chapter 116



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 042800065		CITY OR TOWN	FRAMINGHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	UNCLE CHEUNG	'S RESTARAUNT,	, INC.	
DOING BUSINESS	Α			
ADDRESS 266 WO	RCESTER ROAD			
CITY/TOWN: FRA	AMINGHAM	STATE: MA	ZIP CODE:	01701
	EUNG, TYF RMAN YIN-HO	PE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
COURTYARD ON	ITS, DINING ROOM THE WESTERLY S TWO STORY BLDO	IDE, SECOND FL		SED FIRST FLOOR E AND BASEMENT
I hereby certify and	swear under penalties	of perjury that:		
	ved license will be of	• •		
	see has complied with		•	o taxes; and
3. the premi	ises are now open for	business (If not exp	plain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:-)			
(If disapproved expl	ain)			
DATE:				



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LICENSE NUMBER: ()42800067		Cl	TY OR TOV	VN FRAMINO	jHAM
APPLICATION FOR F	RENEWAL:	Annua	l	LIC	ENSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 1186 WOR	SPORTS PUB	MERS				
CITY/TOWN: FRAM	INGHAM	STATE:	MA	ZIP CODE	: 01701	
MANAGER:	TYI	PE OF LICENS	E:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF LI FIRST FLOOR OF A T DINING ROOM, COC STOCK ONLY	TWO STORY BLI	DG, ALL ENTR				
SIGNED BY	s are now open for			,		
]	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICA	
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the	head of	the fire dep	artment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						



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LICENSE NUM	IBER: 042800068		CITY OR TOWN	FRAMINGHAM
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: XZH, INC			
DOING BUSIN	ESS A			
ADDRESS 1583	3 WORCESTER ROAD)		
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE:	01701
MANAGER:	XU, RISHENG T	YPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	IISES:		
	ROOMS, LOUNGE CO E AREA. ENTRANCE			
I hereby certify a	and swear under penalti	es of perjury that:		
1. the re	enewed license will be o	of the same type for the	same premises now	licensed;
2. the li	censee has complied wi	th all laws of the Comn	nonwealth relating to	o taxes; and
3. the p	remises are now open for	or business (If not expla	in below)	
SIGNED BY	Indicident Door	A41i4 C	note Officer	
	individual, Partn	er or Authorized Corpo	rate Officer	
DATE.	61796	14742		
DATE:	TELEPHO	NE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
We the unders	igned, attest that we a	re in possession (1) the	e certificate require	ed by Chapter 304 of the
	igned by the building i			nent for the above Chapter 116 of the Acts
of 2010.	and (2) the termicate	or inquor nability ilisu	rance required by	Chapter 110 of the Acts
Please Check Below	v:		I OCAL LICENS	ING AUTHORITY
APPROVED:	_		By:	ING ACTHORITI
DISAPPROVEI	D:		_,.	
(If disapproved	explain)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	42800071		CITY OR TOWN	FRAMING	JIAN
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	haranjit, Inc				
DOING BUSINESS A	Bollywood Grill				
ADDRESS 00050B WO	ORCESTER ROAI	D			
CITY/TOWN: FRAM	INGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: Gill, Gu	rinder Singh TYP	'E OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMIS	ES:			
ONE STORY FIRST F ENTRANCE AND A S WITH A SERVICE EN	IDE ENTRANCE	AND A SECOND	ROOM CONTAIN		CHEN
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	the same type for the	e same premises no	w licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	pector and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:					
DAIE.			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042800072	CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: FIFTH AVE LIQUORS,INC	
DOING BUSINESS A	
ADDRESS 235 OLD CONNECTICUT PATH	
CITY/TOWN: FRAMINGHAM STATE: MA	ZIP CODE: 01701
MANAGER: MORGANTI, TYPE OF LICENSE:P	ackage Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
RETAIL SPACE WITHIN AN EXISTING SHOPPING CENSTORAGE AND BOTTLE RETURN AREA. RESTROOMS	
CUSTOMERS AND REAR SERVICE ENTRANCE AND E	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	•
2. the licensee has complied with all laws of the Con	_
3. the premises are now open for business (If not exp	plain below)
SIGNED BY Individual, Partner or Authorized Corp	porate Officer
mai viduai, i armor or riamorizoa cori	Solute Officer
DATE: TELEPHONE NUMBER.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)42800074		CITY OR TOW	N FRAMING	JIANI
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A					
ADDRESS 409 CONC	ORD ST				
CITY/TOWN: FRAM	IINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: PATEL	, PARIMAL TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI TWO FRONT ENTRA FIRST FLOOR, REAR CELLAR FOR STORA	CENSED PREMI NCES,ONE REA ROOM ON FIR	R ENTRANCE, IN ST FLOOR FOR ST	A ONE STORY B		
3. the premises	s are now open for	h all laws of the Com r business (If not exp	lain below)	g to taxes; and	
DATE:	TELEPHON	NE NUMBER:		TER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 042800075		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	VILLAGE WINE AND A ROUTE 9 WINE AN				
ADDRESS 680 WOF	RCESTER ROAD				
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: Cacca A	velli, Michael TYPE C	OF LICENSE: Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		_
	LICENSED PREMISES:				
FLOOR AND 2,166	Y PORTION OF THE E SQFT ON THE LOWEF E REAR, ONE FRONT RAGE ONLY.	R LEVEL. ONE	MAIN SALES ROO	OM AS WELI	_ AS
I hereby certify and s	wear under penalties of p	perjury that:			
1. the renewe	ed license will be of the	same type for the	e same premises nov	v licensed;	
2. the license	e has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premis	es are now open for busi	iness (If not exp	lain below)		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	142800076		CITY OR TO	WN FRAMING	JIANI
APPLICATION FOR F	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A		KAGE STORE,INC.			
ADDRESS 847 EDGE					
CITY/TOWN: FRAM	INGHAM	STATE: MA	ZIP COD	E: 01701	
MANAGER: GILLIS	, JOHN T.	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
IN ONE ROOM, ONE SIDE OF BLDG	STORY BLD	G,ONE FRONT ENTR	ANCE, ONE EX	IT ON SOUTHE	RLY
3. the premises	are now oper	with all laws of the Conn for business (If not experted and experted are all laws of the Connection and the Connection and the Connection are all laws of the Connection and the Connection are all laws of the Connection and the Connection are all laws of the Connection and the Connection are all laws of the Co	lain below)	ing to taxes, and	
DATE:	TELEPH	HONE NUMBER:		OYER IDENTIFICATE T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain])		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800077		CITY OR TOW	IN FRAMING	JIANI
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 480 FRAM	NKLIN ST				
CITY/TOWN: FRAM	MINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: PATE	L, JITENDRA TYP	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
APPROX.2,400 FT. S OFFICE & BATH IN		NT DOOR & DELI	VERY DOOR IN	REAR & SMA	LL
	e has complied with es are now open for Individual, Partner		lain below)	g to taxes; and	
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Please Check Below: APPROVED:			LOCAL LICE By:	INSING AUTH	ORITY
DISAPPROVED: (If disapproved explain	 n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 042800080		CITY OR TOWN FRAMI	NGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: MAKARIS FO NESS A MAKARIS C	OODS,INC CONVENIENT & SPEC	IALTY FOODS	
ADDRESS ON	NE HAMILTON STRE	EET		
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE: 01701	
MANAGER:	GUIRGUIS, MONEER M	TYPE OF LICENSE: Pa	ckage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
 the the 	licensee has complied premises are now open	e of the same type for the		nd
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT	THORITY
. 11	• '			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 042800081		CITY OR TOWN	FRAMINGHAM	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM DOING BUSINE ADDRESS TEM		NC.			
CITY/TOWN: F	FRAMINGHAM	STATE: MA	ZIP CODE:	01701	
	HIAPPINI, AVID A	TYPE OF LICENSE:Pa	ckage Store C	ATEGORY: All Alcohol	
EMAIL ADDRES	SS:				
ONE FRONT EN STORY BLDG II I hereby certify an 1. the rer 2. the lice	N ONE ROOM and swear under penal anewed license will be anewed has complied we	TERLY SIDE, ONE RE	same premises now	licensed;	
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICENS By:	SING AUTHORITY	
DATE:					

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042800085		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: LANITA COR	RPORATION			
DOING BUSINESS A FRAMINGH	AM LIQUORS			
ADDRESS 1 MARBLE STREET				
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: PATEL, NIRIXA	TYPE OF LICENSE: Paci	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE ONE STORY BLDG WITH ONE RI I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now oper	EAR EXIT alties of perjury that: be of the same type for the swith all laws of the Comm	onwealth relating to		
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 042800086		CITY OR TOWN FRAN	IINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSI	AME: OLD STATION WIN NESS A 8 WAVERLY ST	VE & SPIRITS INC		
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE: 0170	1
MANAGER:	CHICCA, TYPE DEBORAH ADLER	OF LICENSE: Pac	ckage Store CATEGO	PRY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	S:		
TWO ENTRA	NCES FRONT AND REAR,	TWO ROOMS ON	N FIRST FLOOR FOR STO	CK
2. the	renewed license will be of the licensee has complied with al premises are now open for bu Individual, Partner or	Il laws of the Compasiness (If not explain	monwealth relating to taxes; ain below)	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AND By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800087		CITY	OR TOWN	FRAMING	HAM
APPLICATION FOR I	RENEWAL:	Ann	ual	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	PREM VARIE	CTY, INC				
DOING BUSINESS A	DOM'S VAR	IETY STORE				
ADDRESS 269 HOLL	IS STREET					
CITY/TOWN: FRAM	IINGHAM	STATE:	MA Z	IP CODE:	01701	
MANAGER: PATEI	., SUNITA	TYPE OF LICEN	ISE:Package S	Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTE	R YOUR EMAIL ADD	DRESS		_
DESCRIPTION OF LI	CENSED PRE	EMISES:				
EXISTING VARIETY AND REAR EXIT.	STORE/PUB	LIC AREA AND	STORAGE. F	RONT PUBI	LIC ENTRAN	NCE
3. the premise SIGNED BY	s are now oper	with all laws of the for business (If r	not explain belo	ow)	o taxes; and	
	Individual, Par	rtner or Authorize	d Corporate O	fficer		
DATE:	TELEDI	IONE NUMBER		EMPLOYER		TON NUMBER:
	IELEFF	HONE NUMBER				ecurity Number)
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	٦		By:			
(If disapproved explain)					
DATE:						
DATE.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800089		CITY OR TOV	IN FRAMING	JHAW
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS NICHOLA	AS RD				
CITY/TOWN: FRAM	MINGHAM	STATE: MA	ZIP CODE	01701	
MANAGER: CONI	OON, JOSEPH TYPE	OF LICENSE: Pa	nckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
ONE FRONT ENTRA SALES, BACK ROOM					
2. the licensed	d license will be of the has complied with all es are now open for bu	l laws of the Com siness (If not exp	nmonwealth relating lain below)		
	ilidividual, Fartilei Oi	Authorized Corp	orate Officer		
DATE:	TELEPHONE :	NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:	,				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800090		CITY OR I	OWN FRAMIN	GHAM
APPLICATION FOR	RENEWAL:	Annual	Ι	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			COMPANY,INC	2.	
ADDRESS 939 WOR	CESTER RD				
CITY/TOWN: FRAM	MINGHAM	STATE: N	IA ZIP COI	DE: 01701	
MANAGER: LANK	, JOSEPH S.	TYPE OF LICENSE	:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:			
ONE ROOM OF A TY CELLAR FOR STOR			ENTRANCES, T	WO REAR EXIT	S.
2. the licensed 3. the premise	e has complied	ee of the same type for with all laws of the C n for business (If not e	ommonwealth rel		I
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer		
DATE:	TELEP!	HONE NUMBER:		PLOYER IDENTIFICA I <mark>OT</mark> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL L. By:	ICENSING AUTI	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:042800093		CITY OR I	OWN FRAMIN	UNAM
APPLICATION FOR	R RENEWAL:	Annua		LICENSED FOR	2013
		CLASS	S		YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 2 FAIRB	ANKS ST				
CITY/TOWN: FRA	MINGHAM	STATE:	MA ZIP CO	DE: 01701	
MANAGER: SILV JOSE		YPE OF LICENS	E:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF I					
2000 SQ FT OF RET TWO ENTRANCES			OR A TOTAL OF	F 3000 SQ FT OF :	SPACE,
2. the license	ed license will be ee has complied w	of the same type for ith all laws of the for business (If not	or the same premis Commonwealth re		i
SIGNED BY	Individual, Part	ner or Authorized (Corporate Officer		
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)		LOCAL I By:	ICENSING AUTI	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04280009	96	CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: LAO SIC	HUA, INC.			
DOING BUSINESS A SICHU.	AN GOURMET II			
ADDRESS 271 WORCESTER	ROAD			
CITY/TOWN: FRAMINGHA	M STATE: MA	ZIP CODE:	01701	
MANAGER: YU,JENNY JIE	CUI TYPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI	PREMISES:			
2ND FLR OF A TWO STORY	CONCRETE BLOCK BLDG	WITH 2 ENTRANC	CES AND 2 E	XITS
I hereby certify and swear under	penalties of perjury that:			
1. the renewed license	will be of the same type for the	e same premises now	licensed;	
2. the licensee has com	plied with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now	open for business (If not exp	lain below)		
SIGNED BY				
Individua	al, Partner or Authorized Corp	orate Officer		
DATE:				
TE	LEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
		·		,,
We the undersigned, attest th				
Acts of 2004, signed by the bunamed license and (2) the cert				
of 2010.	incate of inquot hability his	arance required by	Chapter 110	or the rees
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800098		CITY OR TOV	WIN FRAIMING	JIAN
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BERTUCCI'S REST	TAURANT CORF) .		
DOING BUSINESS A	BERTUCCI'S BRI	CK OVEN RIST	ORANTE		
ADDRESS 150 WOR	CESTER ROAD				
CITY/TOWN: FRAM	MINGHAM	STATE: MA	ZIP CODE	E: 01701	
MANAGER: Berkov	witz, Joseph TYP	E OF LICENSE: R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF L	ICENSED PREMIS	ES:			
7,178 SQ. FT. ALL O	N ONE LEVEL, ON	E FRONT ENTR	ANCE AND ONE	E REAR EXIT.	
I hereby certify and sw	vear under penalties	of perjury that:			
	d license will be of the	• 1			
	e has complied with a			ng to taxes; and	
3. the premise	es are now open for b	ousiness (If not ex	plain below)		
SIGNED BY	Individual Dommon	on Authorized Con	manata Officer		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:			EMDLO	WED IDENTIFICA	TION NILIMBED.
DATE.	TELEPHONE	NUMBER:		OYER IDENTIFICA' <u>F</u> Individual Social (
				-	,
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the he	ad of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)			-	
DATE:					
•					



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LICENSE NUM	MBER: 042800104		CITY OR TOWN	FRAMINGHAM
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: NOBSCOT CAFE	INC.		
ADDRESS 847	EDGELL ROAD			
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE:	01701
MANAGER:	McCarty, Amanda TYI	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
RESTAURAN' STORAGE SPA	Γ WITH A 24X60 NON S ACE	MOKING DINING	ROOM, REST ROO	MS, OFFICE AND
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of	• •	•	
	licensee has complied with		ě	o taxes; and
3. the 1	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
	11101 / 10001, 1 01 0101		91410 9111001	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
We the under	signed attact that we are	in neggession (1) th	o contificato nocuin	ed by Chapter 304 of the
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the hea	d of the fire departi	ment for the above
Please Check Belo	<u>W:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	Capiani)			
DATE:				
		ICENSEES DURING THE N	-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 042800106		CITY OR TOWN	FRAMING	HAM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	
ADDRESS 1656 V	S A ACAPULCO'S VORCESTER ROAL	D			YEAR
CITY/TOWN: FR		STATE: MA	ZIP CODE:	01701	
	MANDO, T IVIA	YPE OF LICENSE:Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUF F LICENSED PREM	EWEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
 the rene the licer 	nsee has complied w	ies of perjury that: of the same type for the ith all laws of the Com or business (If not exp	monwealth relating t		
SIGNED B1	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, sign	ed by the building	are in possession (1) the inspector and the heat of liquor liability instantials.	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 0	42800112		CIT	Y OR TOW	'N FRAMING	iHAM
APPLICATION FOR R	ENEWAL:	Annua	ıl	LICI	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: R	UBIN'S FOOD S	SERVICE, INC				
DOING BUSINESS A	RASOI					
ADDRESS 855 WORC	ESTER RD					
CITY/TOWN: FRAM	INGHAM	STATE:	MA	ZIP CODE:	01701	
MANAGER: SINGH,	JAGDISH TY	PE OF LICENS	E:Restaura	int	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL AI	DDRESS		
DESCRIPTION OF LIC	CENSED PREMI	SES:				
SINGLE STORY SPACE						
FT WITH TWO ENTR DINING AREA, KITCI			RONT SPA	ACE WITH	150 SEATS IN	THE
	LIEIV AICEA AICE	——————————————————————————————————————				
I hereby certify and swe	ar under penalties	s of perjury that	:			
1. the renewed	license will be of	the same type f	or the same	premises n	ow licensed;	
2. the licensee l	has complied with	all laws of the	Commonw	ealth relatin	g to taxes; and	
3. the premises	are now open for	business (If no	t explain be	elow)		
SIGNED BY						
I	ndividual, Partnei	or Authorized	Corporate (Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, a	attest that we are	in possession	(1) the cert	tificate requ	ired by Chapt	ter 304 of the
Acts of 2004, signed by	y the building in	spector and th	e head of tl	he fire depa	rtment for the	above
named license and (2) of 2010.	the certificate of	f liquor liabilit	y insurance	e required l	by Chapter 116	6 of the Acts
Please Check Below:			1.6		NGING AUTH	ODUTY
APPROVED:					NSING AUTH	ORITY
DISAPPROVED:			Ву	/ .		
(If disapproved explain))		_			
			_			
			_			
DATE:						



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LICENSE NUMBER:	042800113		CIT	Y OR TOW	'N FRAMING	HAM
APPLICATION FOR	RENEWAL:	Annual	1	LIC	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1 WORCE	A	'S, INC				
CITY/TOWN: FRAM		STATE:	MΔ	ZIP CODE:	01701	
MANAGER: COLS	ON, T	TYPE OF LICENS			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL A	ADDRESS		
DESCRIPTION OF L						
FRONT ENTRANCE	, SIDE EXIT AI	ND REAR EMERC	BENCY E	XITS		
	es are now open	with all laws of the of for business (If not not ner or Authorized of	explain b	elow)	g to taxes, and	
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building	inspector and the	head of t	he fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		Le B		NSING AUTH	ORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042800114		CITY OR TOWN	FRAMINGHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WAREHOUSE W	INE & SPIRITS, INC	C.	
DOING BUSINESS A WAREHOUSE V	VINE & SPIRITS		
ADDRESS 575 WORCESTER RD.			
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE:	01701
MANAGER: BRAMHALL,FRED TYRERICK	'E OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
PREMISE OF APPROX. 5,188 SQ. FT. VDELIVERIES.	WITH FRONT & RE	AR ENTRY;REAR	ENTRY FOR
 the renewed license will be of the licensee has complied with the premises are now open for 	all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 0	42800116		CITY OF	R TOWN	FRAMING	HAM
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: (3.M.R.I.,INC					
DOING BUSINESS A	THE OLIVE GAR	DEN ITALIAN	RESTAURA	NT		
ADDRESS 0001-3 WO	RCESTER RD					
CITY/TOWN: FRAM	INGHAM	STATE: M	A ZIP C	CODE:	01701	
MANAGER: REARD	OON, SCOTT TYPI	E OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEE		JR EMAIL ADDRES	S		
DESCRIPTION OF LIC						
DINING AREAS, LOU ENTRANCES AND EX		STORAGE ARE	EAS AND FRO	ONT ANI) REAR	
		6				
I hereby certify and swe	ear under penalties of the license will be of the	1 5 5	the same prer	nices now	licensed:	
	has complied with a	• •	•			
	are now open for b			•	o tanes, and	
SIGNED BY						
I	Individual, Partner of	or Authorized Co	orporate Offic	er		
DATE:	TELEPHONE	NUMBER:				TON NUMBER:
			(INOL	e: <u>NO1</u> Ind	ividual Social S	ecurity Number)
We the undersigned, a						
Acts of 2004, signed b named license and (2)						
of 2010.	the coronicate of I	iquoi nuomity i	ingurumee req	uii cu zy	chapter 110	of the fiets
Please Check Below:			LOCAI	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	I					
(If disapproved explain))					
DATE:						



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LICENSE NUMBE	ER: 042800117		CITY OR TOWN	FRAMINGHAM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: RUBY TUES	DAY, INC		
DOING BUSINESS	S A RUBY TUE	ESDAY		
ADDRESS 659 WO	ORCESTER RD			
CITY/TOWN: FR	AMINGHAM	STATE: MA	ZIP CODE:	01701
MANAGER: HU NG	YNH, BAO OC	TYPE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	3 :			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
~		NG AREAS, KITCHEN, BAGLEY , CATHERINE	· · · · · · · · · · · · · · · · · · ·	
I hereby certify and	swear under per	nalties of perjury that:		
1. the renev	wed license will	be of the same type for the	e same premises now	licensed;
2. the licen	see has complied	d with all laws of the Com	monwealth relating t	o taxes; and
3. the prem	nises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: Note:	dividual Social Security Number)
Acts of 2004, signe	ed by the buildi	ng inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	1-:)			
(If disapproved exp	iaili)			
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	2800121		CITY (OR TOWN	N FRAMING	HAM
APPLICATION FOR RE	ENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: BO	ODACIOUS BBQ	, LLC				
DOING BUSINESS A	TREFLY'S REST.	AURANT				
ADDRESS 225 OLD CO	ONNECTICUT PA	ATH				
CITY/TOWN: FRAMII	NGHAM	STATE: N	IA ZIF	CODE:	01701	
MANAGER: ULISS, S	TEVEN TYPE	E OF LICENSE	Restaurant	•	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	SE ALSO VISIT OUR WEB		UR EMAIL ADDR	ESS		
DESCRIPTION OF LIC						
APPROX 5600 SQ FT C BY STOP & SHOP. MA						
ON THE WEST SIDE A					EMERGENC I	LAII
-						
I hereby certify and swea	-		.1		1' 1	
	icense will be of th	• •	-			
	as complied with a			_	to taxes; and	
5. the premises a	are now open for b	ousiness (11 not e	xpiain belov	<i>~)</i>		
SIGNED BY						
	dividual, Partner o	or Authorized Co	orporate Off	icer		
			Г			
DATE:	TELEPHONE	E NUMBER:		EMPLOY	ER IDENTIFICAT	TON NUMBER:
			(N	lote: NOT I	ndividual Social S	ecurity Number)
We the undersigned, at	ttest that we are i	n possession (1) the certific	cate requi	ired by Chapt	er 304 of the
Acts of 2004, signed by				_		
named license and (2) tof 2010.	he certificate of I	iquor liability i	nsurance re	equired by	y Chapter 116	of the Acts
Please Check Below:			LOC	AL LICEN	ICINIC ALITH	ODITV
APPROVED:			By:	AL LICEN	ISING AUTH	JKII I
DISAPPROVED:			By.			
(If disapproved explain)						
			-			
D. 1 1111						
DATE:						



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LICENSE NUMBER:	042800122		CI	IY OK IOV	VN FRAMINC	JIANI	
APPLICATION FOR	RENEWAL:	Annual LICENSED FO				OR 2013	
		CLAS	S			YEAR	
LICENSEE NAME:	WASABI, INC						
DOING BUSINESS A	AOI JAPAN	ESE RESTAURAN	Т				
ADDRESS 1060 WOI	RCESTER RD						
CITY/TOWN: FRAN	/INGHAM	STATE:	MA	ZIP CODE	: 01702		
MANAGER: SITU,	JUN RONG	TYPE OF LICENS	E:Restau	rant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:							
PI	EASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_	
DESCRIPTION OF L	ICENSED PRI	EMISES:					
ONE STORY FREES' ENTRANCE FOR SU FOOD PREP AND ST	PPLIES, SINC						
3. the premise	es are now oper	with all laws of the n for business (If not street or Authorized)	explain b	pelow)	ng to taxes; and		
	marviduai, i a	tuer of Authorized	Corporate	Officer			
DATE:	TELEPI	HONE NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:	
				(Note: NOT	Γ Individual Social S	Security Number)	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the buildin	g inspector and the	head of	the fire dep	artment for the	above	
Please Check Below:			L	OCAL LICI	ENSING AUTH	ORITY	
APPROVED: DISAPPROVED: (If disapproved explain	 n)		E	By:			
. II F	,		-				
			_				
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 042800124		CITY OR TOWN FRA	MINGHAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS				
ADDRESS 00659B	WORCESTER RD)		
CITY/TOWN: FR	AMINGHAM	STATE: MA	ZIP CODE: 017	'01
MANAGER: RO		YPE OF LICENSE:Pac	ckage Store CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS	:			
DESCRIPTION OF		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
2. the licen	wed license will be of see has complied with sises are now open for	of the same type for the		
	,			
DATE:	TELEPHO	NE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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7	CITY OR TOWN FRAMING	GHAM
L: Annual	LICENSED FOR 2	2013
CLASS		YEAR
BBQ COMPANY, INC.		
SSEE'S BBQ		
ROAD		
STATE: MA	ZIP CODE: 01701	
TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
PREMISES:		
		ENTER
penalties of perjury that:		
ill be of the same type for the	same premises now licensed;	
lied with all laws of the Comr	nonwealth relating to taxes; and	1
open for business (If not expla	ain below)	
, Partner or Authorized Corpo	orate Officer	
LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: <u>NOT</u> Individual Social	Security Number)
ilding inspector and the head	d of the fire department for th	e above
	LOCAL LICENSING AUTH	HORITY
	By:	
		 -
	L: Annual CLASS BBQ COMPANY, INC. SSEE'S BBQ ROAD M STATE: MA TYPE OF LICENSE: Res INTOUR WEBSITE AND ENTER YOUR EN PREMISES: DG, LUNCH COUNTER ON PREMISES SEAT 40 PEOF penalties of perjury that: will be of the same type for the lied with all laws of the Comr open for business (If not explain A, Partner or Authorized Corporate LEPHONE NUMBER: At we are in possession (1) the liding inspector and the head	CLASS BBQ COMPANY, INC. SSEE'S BBQ ROAD I STATE: MA ZIP CODE: 01701 TYPE OF LICENSE: Restaurant CATEGORY SITT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: DG, LUNCH COUNTER ON LEFT WALL. TABLES IN CE. PREMISES SEAT 40 PEOPLE. EXIT IN KITCHEN penalties of perjury that: vill be of the same type for the same premises now licensed; lied with all laws of the Commonwealth relating to taxes; and open for business (If not explain below) I, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICA (Note: NOT Individual Social at we are in possession (1) the certificate required by Chaptelding inspector and the head of the fire department for the ficate of liquor liability insurance required by Chapter 11



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LICENSE NUMBER	:042800131		CITY OR TOWN FRAMIN	IGHAM
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	TARU MINAS C	ORP.		
DOING BUSINESS	A RED PEPPER R	ESTAURANT		
ADDRESS 17 EDGE	ELL RD			
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP CODE: 01701	
MANAGER: CLEN	MENTINO,EUSTY	PE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I				
FLOOR AND DININ	IG ROOM ON SEC	COND FLOOR, FROM	N AND STORAGE AREA ON IT MAIN ENTRANCE AND I ND EMERGENCY EXIT ON :	EXIT ON
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renewe	ed license will be of	f the same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; and	d
3. the premis	ses are now open fo	r business (If not explain	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Cha d of the fire department for the rance required by Chapter 1	ie above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
D.111.				



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LICENSE NUMBER: 0428	00132	(CITY OR TOWN	FRAMING	HAM
APPLICATION FOR REN	EWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J.H.	RESTAURANT FRA	MINGHAM L	LC		
DOING BUSINESS A JOH	IN HARVARD'S BR	EW HOUSE			
ADDRESS 1 WORCESTE	R RD.				
CITY/TOWN: FRAMING	HAM ST	ATE: MA	ZIP CODE:	01701	
MANAGER: SCOTT, BO	OBBY TYPE OF I	LICENSE: Resta	aurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICEN ONE MAIN DINING ROO					
EXITS/RECEIVING DOOR WITHOUT ENTERING TO PATIOOUTDOOR SEA EGRESS WITHOUT ENTE AREAS	HE BUILDING AND SONAL SEASONAL	TWO ENTRA PATIO ON T	NCES/EXITS FI HE INTERIOR M	ROM BUILDI MALL SIDE H	NG TO AS
I hereby certify and swear u	nder penalties of peri	ury that:			
• •	nse will be of the sam	•	ame premises nov	w licensed;	
	complied with all law	• •	•		
3. the premises are	now open for busines	s (If not explai	n below)		
SIGNED BY					
Indiv	vidual, Partner or Autl	norized Corpor	ate Officer		
DATE:	TELEDIONE MAN	IDED	EMDI OVE	ER IDENTIFICAT	TON NI IMBED
DITTE.	TELEPHONE NUM	IBEK:		ndividual Social S	
					•
We the undersigned, attes					
Acts of 2004, signed by the named license and (2) the					
of 2010.	•	•		-	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800134	(CITY OR TOWN	FRAMINGHAM
APPLICATION FOR I	RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: A DOING BUSINESS A	AMERICAN MULTI-CIN AMC THE GRILL	ENA INC.		
ADDRESS 22 FLUTIE	E PASS			
CITY/TOWN: FRAM	IINGHAM STA	ATE: MA	ZIP CODE:	01701
MANAGER: MAHO	ONEY,EDWA TYPE OF I	LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LI				
	AREA, BAR AREA, THE A SIDE EXIT AND AN EN			HEN HAS ONE
2. the licensee	l license will be of the sam has complied with all laws s are now open for busines	s of the Commo	nwealth relating to	
SIGNED BY	Individual, Partner or Auth	norized Corpora	ate Officer	
DATE:	TELEPHONE NUM	IBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed b	attest that we are in poss by the building inspector) the certificate of liquor	and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER: 042800135		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: 5 STARS RESTAUR DOING BUSINESS A SAMBA STEAK H ADDRESS 1138 WORCESTER RD				
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: SIMPSON, TRACI TYPE N.				All Alcohol
PLEASE ALSO VISIT OUR WEBS PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE ONE STORY BLDG.WITH ONE FRONT EXITS, FOUR RMS ON THE FIRST FL., E RM.OUTDOOR DECK WITH SEATING DECK IS IN USE. DECK IS DESIGNATE I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for but	CUSTOMER ENT CUSTOMER ENT CIGHT RMS IN BAL FOR 40, ENTRANC ECK. BASEMENT ED AS A NON- SMO f perjury that: e same type for the	CTWO SIDE EXITESEMENT LEVEL, SEMENT LEVEL, CE FROM EXISTING LEVEL MUST BE OKING AREA. same premises now nonwealth relating to	INCLUDING NG CLOSED W	DINING
SIGNED BY Individual, Partner o	r Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER	:042800137		CIT	Y OR TOWN	FRAMING	SHAM
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	MARGARITAS	MANAGEMENT	Γ GROUP-	FRAMINGHA	AM INC.	
DOING BUSINESS	A TIO JUAN'S N	MARGARITAS M	EXICAN 1	RESTAURAN	IT	
ADDRESS 725 COC	HITUATE RD					
CITY/TOWN: FRA	MINGHAM	STATE:	MA	ZIP CODE:	01701	
MANAGER: COX,	KENNETH T	YPE OF LICENS	E:Restaura	ant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL A	ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:				
MAIN CUSTOMER DELIVERIES. FOYE	ER AREA, KITH					
BLDG, TWO DININ	G ROOMS					
3. the premis		for business (If no				
DATE:	TELEPHO	ONE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the	e head of t	he fire depar	tment for the	above
Please Check Below:			Lo	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	III <i>)</i>		_			
			_			
DATE:						



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 042800139	CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: HERSHA HOSPITALITY MANAG	GEMENT,LP
DOING BUSINESS A RESIDENCE INN BY MARRIOT	Γ
ADDRESS 400 STAPLES DRIVE	
CITY/TOWN: FRAMINGHAM STATE: M	MA ZIP CODE: 01702
MANAGER: TAWIL, DEREK TYPE OF LICENSE	:Innholder CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
5 STORY, 125 ROOM HOTEL INCLUDES GATEHOUS	
AND TEMPORARY BAR, ONE MEETING ROOM WITON GROUND FLOOR. LIQUOR STORED ON THIRD I	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	-
2. the licensee has complied with all laws of the C	_
3. the premises are now open for business (If not o	explain below)
GIGNED DV	
SIGNED BY Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the cartificate required by Chanter 304 of the
Acts of 2004, signed by the building inspector and the	
named license and (2) the certificate of liquor liability of 2010.	insurance required by Chapter 116 of the Acts
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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LICENSE NUMBER	: 042800140		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE AZTEC RESTA	URANT, INC.			
DOING BUSINESS A	A THE AZTEC RESTA	AURANT,INC.			
ADDRESS 2 WAVE	RLY STREET				
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP CODE:	01702	
	NANDEZ,JOSETYPE (S VARELA	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR F	EMAIL ADDRESS		J
DESCRIPTION OF I	LICENSED PREMISES	:			
DINING ROOM, CO	DUNTER, FOOD PREP	P. AREA AND K	ITCHEN		
	1 11 0				
•	wear under penalties of			1: 4.	
	ed license will be of the				
	ee has complied with all		•	o taxes; and	
3. the premis	es are now open for bus	smess (II not exp	iam below)		
SIGNED BY					
SIGNED B I	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	RIDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, signed	I, attest that we are in by the building inspectable (2) the certificate of liq	ctor and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	\neg		By:		
DISAPPROVED:					
(If disapproved expla	III <i>)</i>				
DATE:					



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LICENSE NUMBER: 042800141	CI	TY OR TOWN	FRAMING	HAM
APPLICATION FOR RENEWAL:	nnual	LICENSED FOR 2013		
C	CLASS		,	YEAR
LICENSEE NAME: GAO'S ORIENTAL PEARL DOING BUSINESS A ORIENTAL PEARL	CORP.			
ADDRESS 62 WATER ST				
CITY/TOWN: FRAMINGHAM STAT	E: MA	ZIP CODE:	01701	
MANAGER: GAO, XIN QUAN TYPE OF LIC	ENSE: Restaur	rant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND E DESCRIPTION OF LICENSED PREMISES:	NTER YOUR EMAIL	ADDRESS		
SINGLE STORY BLDG WITH 2 FRONT DOORS FOR EXITING WITH PANIC HARDWARE. DIN CAPACITY OF 70. BUFFET TABLE, KITCHEN	ING AREA IS			
1. the renewed license will be of the same to the licensee has complied with all laws of the premises are now open for business (SIGNED BY).	ype for the sam of the Common	wealth relating to		
Individual, Partner or Author	ized Corporate	Officer		
DATE: TELEPHONE NUMB	ER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector are named license and (2) the certificate of liquor lia of 2010.	nd the head of	the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		OCAL LICENSI	ING AUTHO	DRITY
DATE:	_			



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	2800142		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: LI DOING BUSINESS A	_				
ADDRESS 159 CONCO	RD STREE	T			
CITY/TOWN: FRAMII	NGHAM	STATE: M	A ZIP CODE:	01702	
MANAGER: PATEL,N PATEL	NITIN M.	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT C	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PRI	EMISES:			
3. the premises a	are now oper	with all laws of the Conn for business (If not exercise) rtner or Authorized Co	xplain below)		
DATE:	TELEPI	HONE NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:			·		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	2800144		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: LE	EGAL SEA FOODS,	LLC			
DOING BUSINESS A I	LEGAL SEAF FOOI	OS			
ADDRESS 50/60 WORG	CESTER RD				
CITY/TOWN: FRAMII	NGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: Parlin, Ro	ory TYPE (OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	SE ALSO VISIT OUR WEBSIT		MAIL ADDRESS		
DESCRIPTION OF LICE					
PREMISES CONSISTS THE SHOPPING CENT		SQUARE FEET	LOCATED ON TH	E FIRST FLC	OOR OF
I hereby certify and swea	ur under penalties of	norium that			
• •	icense will be of the		same premises now	licensed:	
	as complied with all	• •	•		
	are now open for bus		•		
SIGNED BY					
In	dividual, Partner or	Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHONE N	UMBER:	EMPLOYEF (Note: <u>NOT</u> Inc		ION NUMBER:
			(110te) <u>1101</u> Inc	ii viduai Bociai B	ceurity (valider)
We the undersigned, at					
Acts of 2004, signed by named license and (2) t					
of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [[] (If disapproved explain)					
(11 disapproved expiditi)					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 042800146		CITY OR TOWN	FRAMING	HAM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: SHRI GANESH S A WELCOME IN ORCESTER ROAD	NDIAN RESTUARA	NT		
CITY/TOWN: FR		STATE: M	ZIP CODE:	01702	
MANAGER: MA		YPE OF LICENSE:		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUF F LICENSED PREM	WEBSITE AND ENTER YOU MISES:	R EMAIL ADDRESS		_
 the rene the licer 	nsee has complied w	of the same type for t	he same premises now mmonwealth relating t plain below)		
SIGNED BY	Individual, Partı	ner or Authorized Co	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER:
Acts of 2004, sign	ed by the building	inspector and the h	the certificate require ead of the fire departs surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	R: 042800149		CITY OR TOWN	FRAMING	HAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	GRIPEOS LLO	C			
DOING BUSINESS	A ZETA PIZZE	ERIA & KITCHEN			
ADDRESS 1645 CC	ONCORD STREE	ET			
CITY/TOWN: FRA	AMINGHAM	STATE: M	A ZIP CODE:	01701	
	PEOS, ITRIOS	TYPE OF LICENSE:	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOU	IR EMAIL ADDRESS		
DESCRIPTION OF ONE STORY BUIL ENTRANCE, TWO	DING CONTAI	NING APPROX 3600	SQFT OF FLOOR AR	EA ONE FRO	ONT
SIGNED BY		rtner or Authorized Co			
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICAT dividual Social S	TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the buildin	g inspector and the h	the certificate required of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN: By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 042800152		CITY OR TOWN	FRAMING	HAM
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	SHREE KRISHNA	CORPORATION			
DOING BUSINESS	A RAJ MINI MARK	ET			
ADDRESS 80 WAY	VERLY STREET				
CITY/TOWN: FRA	AMINGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: DES	SAI, PRAVESH TYPI	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
2. the licens	wed license will be of the see has complied with a sises are now open for be Individual, Partner of	all laws of the Compusiness (If not expl	monwealth relating to ain below)		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(ii disapproved expi	am)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 042800153		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MILLWOOD FA	RMS GOLF COURSE	, INC.		
DOING BUSINESS A MILLWOOD F	ARMS GOLF COURS	Е		
ADDRESS 175 MILLWOOD STREET	•			
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE:	01701	
MANAGER: DRAKE, JAMES TY	YPE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
T1 1 1				
I hereby certify and swear under penaltic			. 1: 1.	
1. the renewed license will be o	* *	-		
2. the licensee has complied wi		C	to taxes; and	
3. the premises are now open for	or business (if not expla	in below)		
SIGNED BY Individual Partne	er or Authorized Corpo	rate Officer		
marvidua, i artir	er of rumorized corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
TELEPHO	NE NUMBER:			ecurity Number)
We the undersigned, attest that we as Acts of 2004, signed by the building i		_		
named license and (2) the certificate				
of 2010.				
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		
		-		
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16	 5A)



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LICENSE NUI	MBER: 042800156		CITY OR TOWN	FRAMINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN	NESS A AEGEAN R			
	7 COCHITUATE RO			
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE:	01701
MANAGER:	NTASIOS, ARTHUR	TYPE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
FOUR SIDE E ,BAR AND LO FROM RESTA	MERGENCY EXITS DUNGE AREA, KITO	NTRANCE/EXT FROM S. MAIN DINING ROOM CHEN , OFFICES AND S DOR PATIO AND STOP REA.	M. TWO PRIVATE I STORAGE AREAS,	DINING ROOMS ONE ENTRANCE
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for th	e same premises now	licensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now ope	n for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the hea	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 042800159		CITY OR TOWN	FRAMING	HAM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
	ME: KENNY LIQ NESS A UNION BIO				
ADDRESS 545	UNION AVENUE				
CITY/TOWN:	FRAMINGHAM	STATE: MA	ZIP CODE:	01702	
	PATEL, HITENDRA R.	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		•
ONE FLOOR;		EMISES: CATED IN COOLER ANI ONLY; STORAGE IN RE		REAR AISI	LE OF
2. the l	icensee has complied	be of the same type for the d with all laws of the Comr en for business (If not expla	nonwealth relating to		
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER: 0	42800160		CITY	Y OR TOWN	FRAMING	HAM
APPLICATION FOR R	ENEWAL:	Annua	1	LICEN	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: N	IAMMARI POT	INC.				
DOING BUSINESS A	THE MELTING	FOT RESTAU	RANT			
ADDRESS 92 WORCE	STER ROAD					
CITY/TOWN: FRAMI	INGHAM	STATE:	MA Z	ZIP CODE:	01702	
MANAGER: AL-NAI BASEL	· · · · · · · · · · · · · · · · · · ·	PE OF LICENS	E:Restaura	nt C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR V	WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LIC						
SECTION OF ONE STO						CE/EXIT,
I hereby certify and swe	ar under penaltie	es of perjury that	:			
1. the renewed	license will be o	f the same type f	or the same	premises nov	v licensed;	
2. the licensee l	has complied wit	th all laws of the	Commonwe	ealth relating	to taxes; and	
3. the premises	are now open fo	or business (If no	t explain be	low)		
SIGNED BY						
I	ndividual, Partne	er or Authorized	Corporate C	Officer		
DATE:	TELEPHO	NE NUMBER:			R IDENTIFICAT	
				(Note: NOT In	dividual Social S	security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	nspector and th	e head of th	e fire depart	tment for the	above
Please Check Below:			LO	CAL LICEN	SING AUTH	ORITY
APPROVED:			By	:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved explain)	ı					
						
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEF	R: 042800161		C	TITY OR TOW	N FRAMINO	SHAM
APPLICATION FOI	R RENEWAL:	Annua	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS	A THE 400 PLUS					
ADDRESS 430 FRA		COT A STORY	3.51	an core	0.4.50.0	
CITY/TOWN: FRA		STATE:		ZIP CODE:	01702	
MANAGER: MAC	CNEIL, KELLY TYPI	E OF LICENS	SE: Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF TWO STORY BLDO ENTRANCES/EXIT	PLEASE ALSO VISIT OUR WEE LICENSED PREMISI G TWO FRONT EN S AT REAR OF BLD BASEMENT FOR ST	ES: TRANCES/E OG. TWO DIN	XITS ON NING AR	N FRANKLIN : EAS, BAR AF		
2. the license	ed license will be of the ee has complied with a ses are now open for b	all laws of the	Commo	nwealth relatin		
SIGNED BY	Individual, Partner of	or Authorized	Corpora	te Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICA'	
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	pector and th	e head o	f the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



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LICENSE NUMBER	C: 042800162		C	II Y OK TOW	Y FRAMING	JITAIVI
APPLICATION FO	R RENEWAL:	Annua	ıl	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	FRAMINGH	IAM COUNTRY CL	UB			
DOING BUSINESS	A THE WILL	OW BROOK GRILI	LE			
ADDRESS 25 PAR	KER ROAD					
CITY/TOWN: FRA	AMINGHAM	STATE:	MA	ZIP CODE:	01702	
MANAGER: LOP CHR	ER, SISTOPHER	TYPE OF LICENS	SE:Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAII	L ADDRESS		_
DESCRIPTION OF	LICENSED PI	REMISES:				
WILLOW BROOK FOOD PICK UP WI	GRILLE, DINI INDOW AND	TH BASEMENT, CO ING RIIM, BAR ARI OUTDOOR PATIO MERGENCY EXITS	EA AND AREA. T	KITCHEN AP	PROX. 2,080	SQ. FT.
I hereby certify and	swear under per	nalties of perjury that	:			
		be of the same type i		-		
		d with all laws of the		Č	to taxes; and	
3. the premi	ses are now op	en for business (If no	t explain	below)		
SIGNED BY	Individual, P	Partner or Authorized	Corporat	e Officer		
DATE:	TELEI	PHONE NUMBER:		EMPLOY	ER IDENTIFICAT	ΠΟΝ NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, signe	d by the buildi	ve are in possession ing inspector and th ate of liquor liabilit	e head of	f the fire depar	tment for the	above
Please Check Below:				LOCAL LICEN	ISING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expl	ain)					
DATE.						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042800163		CITY OR TOWN	FRAMING	HAM
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ΓESORO SUPERM	IARKET, INC			
DOING BUSINESS A					
ADDRESS 80 HOLLIS	SST				
CITY/TOWN: FRAM	IINGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: PEREZ	, JERONIMOTYP	E OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	ES:			
ONE STORY SUPERI EMERGENCY EXITS				ONT, TWO	
2. the licensee		all laws of the Com	e same premises now amonwealth relating to dain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: (142800166		CITY OR TOW	N FRAMING	iHAM
APPLICATION FOR F	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 1 WORCES CITY/TOWN: FRAM MANAGER: Griffin, EMAIL ADDRESS:	CHIPOTLE MEX STER ROAD INGHAM Brian TYP	STATE: MAPE OF LICENSE:R	ZIP CODE:	01702 CATEGORY:	All Alcohol
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
2. the licensee	rner of shoppers we of front entrances/ex- gress withourt enter ear under penalties license will be of the has complied with	orld. One main din kits on interior side ring the building. P	of mall.outdoor sea atio designated to r ne same premises no nonwealth relatin	asonal patio on non-smoking are ow licensed;	the
SIGNED BY	individual, Partner	or Authorized Cor	porate Officer		
DATE: We the undersigned, Acts of 2004, signed becamed license and (2) of 2010.	y the building ins	in possession (1) t	(Note: <u>NOT</u> he certificate requal of the fire depa	rtment for the	seer 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	<u> </u>		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	42800168		CITY OR TOWN	FRAMINO	INAM
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 624 WAVE	RLY STREET				
CITY/TOWN: FRAM	INGHAM	STATE: MA	ZIP CODE:	01702	
MANAGER: PRATT	,ANN TYPE	E OF LICENSE: Pa	ckage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	MAIL ADDRESS		
DESCRIPTION OF LIC					
ONE LEVEL RETAIL ROOM AND OFFICE.! DELIVERIES.ONE SII	SINGLE REAR-FA	CING ENT/EXIT			ORAGE
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for the	e same premises nov	w licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for b	usiness (If not exp	ain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: <u>NOT</u> li	ndividual Social S	Security Number)
Please Cheek Palery			VOGAL VIGEN	(an i a i i i i i i i i i i i i i i i i i	on verv
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain))				
DATE:					



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LICENSE NUMBER: 042800169		CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TROPICAL IS	LAND, INC.	
DOING BUSINESS A TROPICAL O	CARE	
ADDRESS 85 HOLLIS ST		
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE: 01702
MANAGER: MOURA, SOLANGE	ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
	N. BASEMENT CONSIS	IG OF DINING ROOM WITH BAR, TS OF OFFICE, FOOD PREP AREA TON HOLLIS ST. TWO EMERGENCY
I hereby certify and swear under penal	lties of perjury that:	
1. the renewed license will be	e of the same type for the s	same premises now licensed;
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	in below)
SIGNED BY Individual, Par	tner or Authorized Corpor	rate Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
·		
DATE:		



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LICENSE NUMBER	:042800170		CITY OR TOWN	FRAMINGHAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	O'CONNELL'S PU	JB,LLC		
DOING BUSINESS A	A O'CONNELL'S F	UB		
ADDRESS 700 WOR	RCESTER ROAD			
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP CODE:	01702
MANAGER: MAD R	DEN,JENNIFE TYI	PE OF LICENSE: Rest	caurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
F	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	ICENSED PREMI	SES:		
	AT THE CENTER OF THE DINING ROOM		ERGENCY EXITS ND BOOTHS,INE	ON SEDES AND
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the s	same premises now	licensed;
2. the license	e has complied with	all laws of the Comm	onwealth relating t	to taxes; and
3. the premis	es are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHORITY
DISAPPROVED:				
(If disapproved explain	ın)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 042800171		CITY OR TOWN FRA	MINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
DOING BUSI	AME: CEDAR INC. NESS A CENTRE MOBIL	L		
ADDRESS 10	63 WORCESTER ROAD			
CITY/TOWN:	: FRAMINGHAM	STATE: MA	ZIP CODE: 0170)2
MANAGER:	EIEADAH, TYI MARWAN	PE OF LICENSE: Pac	kage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
ONE ENTRA	N OF LICENSED PREMI: NCE AT FRONT OF BUII	LDING ON WORCES		ER COOLERS
TO THE RIGI	HT OF THE ENTRANCE,	ONE 1' X 3' WINE R	ACK	
-	y and swear under penalties			
	renewed license will be of		=	
	licensee has complied with		=	; and
3. the	premises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
Please Check Bel	ow:		LOCAL LICENSING A	JITHORITY
APPROVED:			By:	to illoidi i
DISAPPROVI	ED:		- j.	
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 04280017	2	CITY OR TOWN FRAMINGHAM
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LRT FOO	DDS, LLC	
DOING BUSINESS A ANGRY	HAMS GARAGE	
ADDRESS 2 BEACON ST		
CITY/TOWN: FRAMINGHAM	M STATE: MA	ZIP CODE: 01702
MANAGER: SALDANA, LU MEL	IS TYPE OF LICENSE: Re	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	TSIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED		
		RONT OF BLDG, 4 EMERGENCY AREA, STORAGE ROOM. BASEMENT
2. the licensee has comp	vill be of the same type for the	e same premises now licensed; amonwealth relating to taxes; and lain below)
SIGNED BY Individua	l, Partner or Authorized Corp	porate Officer
DATE: TE	EDUONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
TEI	LEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	ne certificate required by Chapter 304 of the ad of the fire department for the above urance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUI	MBER: 042800173		CITY OR TOWN	FRAMINGHAM
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: PORTUGUES NESS A PORTUGUE	SE RECREATION CLU ESE CLUB	B OF FRAMINGHA	M INC.
	FRAMINGHAM	STATE: MA	ZIP CODE:	01702
	ALVES, JONATHAN	TYPE OF LICENSE: C		ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
ENTRANCE/E ENTRANCE/E PARKING LO	EXIT AT CORNER O EXIT FROM THE RE TBASEMENT CO	NCTION HALL, BAR A OF SOUTH STREET & A AR PARKING LOT, OI NSIST OF LOUNGE A LANCES/EXITS IN BAS	ARLINGTON STREI NE ENTRANCE/EX REA WITH BAR, KI	ETONE IT FROM SIDE
I hereby certify	and swear under pena	alties of perjury that:		
	•	be of the same type for the	e same premises now	licensed;
2. the 1	licensee has complied	with all laws of the Con	nmonwealth relating t	to taxes; and
3. the 1	premises are now ope	n for business (If not exp	olain below)	
SIGNED BY				
	Individual, Pa	ertner or Authorized Cor	oorate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the buildin	ng inspector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUMBER: 042800175		CITY OR TOWN FRAMIN	IGHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: TOP SHELF RES				
ADDRESS 250 WORCESSTER ROAD				
CITY/TOWN: FRAMINGHAM	STATE: MA	ZIP CODE: 01702		
MANAGER: SINEWITZ, ADAM TY	PE OF LICENSE: Res	taurant CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	ISES:			
REAR SECTION OF WOOD FRAME I OF BLDG AND ONE EXIT AT REAR AND EXIT ON THE WEST SIDE. TAR STOCK AND FOOD PREPARATION (OF BLDG.BASEMEN BLES AND BAR ARE	IT HAS ONE EXIT AT REAF	R OF BLDG	
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	f the same type for the	same premises now licensed;		
2. the licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; and	d	
3. the premises are now open for	r business (If not expla	in below)		
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA		
		(Note: NOT Individual Social	l Security Number)	
We the undersigned, attest that we ar Acts of 2004, signed by the building ir named license and (2) the certificate of of 2010.	spector and the head	of the fire department for th	ne above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI	HORITY	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 042800176		CITY OR TO	JWN	FRAMINO	ΠAIVI
APPLICATION FOR	RENEWAL:	Annual	L	ICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	V & M GROUP INC	C.				
DOING BUSINESS A	A ISLA RESTAURA	NT AND LOUNG	Е			
ADDRESS 672 WAV	/ERLY STREET					
CITY/TOWN: FRA	MINGHAM	STATE: MA	ZIP COI	DE:	01702	
MANAGER: ORTI	Z, VICTOR A. TYPI	E OF LICENSE:Re	staurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMISI	ES:				
TWO STORY BRICI 10,000	K BUILDING; FOUR	R ENTRANCES AN	ND SIX EXITS	S; TOT	AL SQUAR	E FEET,
I hereby certify and sv	wear under penalties o	of perjury that:				
1. the renewe	ed license will be of the	ne same type for the	e same premise	es now	licensed;	
2. the license	ee has complied with a	all laws of the Com	monwealth rela	ating to	taxes; and	
3. the premis	es are now open for b	ousiness (If not expl	ain below)			
SIGNED BY	Individual, Partner of	or Authorized Corn	orate Officer			
	marviduar, i artiici (n Authorized Corp	orate Officer			
DATE:	TELEPHONE	NIIIMDED.	EMP	LOYER	IDENTIFICAT	TON NUMBER:
	TELEFHONE	NOMBER.				ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building insp	pector and the hea	d of the fire d	epartn	ent for the	above
Please Check Below:			LOCAL LI	[CENS]	NG AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	in)					
D 4 TFF			-			
DATE:						